

South Carolina Department of Insurance Division of Consumer and Individual Licensing Services

Division of Consumer and Individual Licensing Services Capital Center 1201 Main Street, Suite 1000 Columbia, South Carolina 29201

Mailing Address: P. O. Box 100105, Columbia, SC 29202-3105 Telephone: (803) 737-6134

APPLICATION FOR RENEWAL OF SERVICE CONTRACT LICENSE FOR THE LICENSING PERIOD OCTOBER 1, 20 THROUGH SEPTEMBER 30, 20

FOR THE LICENSING PERIOD OCTOBER 1, 20_	1 HKOUGH SE	:P1EWBER 30, 20		
Company Name:	Company Li	cense Code:		
Address:Street Address				
Street Address	State	ZIP Code		
Mailing Address: Street Address or P. O. Box				
Street Address or P. O. Box	State	ZIP Code		
Business Phone Number:	Fax Number:			
Contact PersonContact Phone No.:		Email:		
The records of the South Carolina Department of Insurance reflects the Provider. Pursuant to the requirements of S.C. Code Ann. Sections continuation fee is \$200. Make remittance payable to South Carolina in its entirety (including attached documents) and returned to this Department to comply with this renewal may result in the cancellation Note: This form must be type written	s 38-78-10 thru 38-78- Department of Insura artment no later than 0	-120 et seq. (Supp. 2000). Your license ance. This application must be completed October 1, 2014 of the reporting period.		
SECTION 1				
How will this Provider assure the faithful performance of the provider following methods this Provider will use to assure such perfor 38-78-30(D):				
Insure all service contracts under a reimbursement insurance in this state. (if checked, a copy of the entire insualong with proof that policy is current and in effect.				
2 Maintain a funded reserve account and place in trust with the South Carolina Department of Insurance and financial institution a financial security deposit (<u>if checked, this registration is not complete until computation for provider's funded reserve account is completed and proof of reserve account is furnished with this renewal application. If reserve amount is negative, provider must infuse funds into account and provide this office with proof of account balance. All funds must be kept separate from the provider's operating accounts.</u>				
Computation for Provider's Funded Reserve Account				
(a)Total gross consideration received from South Ca	rolina contact ho	olders \$		
(b) Total claims paid during the year		\$		
(c) Subtract the claims paid in subsection (b) from the gross con	sideration	\$		
(d) Multiply the answer in subsection (c) by 40%		\$		
(e)Total funded reserve amount (shown in subsection (d) held in provider to South Carolina contract holders \$	n trust by Provider to	o assure the faithful performance of the		

(f) Multiply the answer in subsection (c) by 5% - total funded reserve amount held in trust by the department of Insurance to assure the faithful performance of the provider to South Carolina contract holders (deposit must not be less than \$25,000) \$ (If answer is more than \$25,000, you must increase your surety bond and submit to this office)				
3 Maintain a net worth of at least one hundred million dollars (\$100,000,000). If checked, one of the following must be attached.				
a Provider's parent most recent Form 10-K filing with the Securities and Exchange Commission (SEC)				
b Provider's parent audited financial statement, (1) which must be prepared as of the end of the calendar year or quarter prior to this registration (2) prepared in accordance with accounting principles generally accepted in the USA (GAAP); and (3) audited by an independent certified public accountant (CPA) in accordance with auditing standards generally accepted in the USA.				
SECTION 2				
Indicate the total number of contracts remaining in force in South Carolina on the last day of reporting period				
Indicate the total number of new contract written in South Carolina since last renewal period				
Indicate the total number of complaints received from South Carolina contract holders since last renewal period				
Indicate the total number of claims denied since last renewal period				
Section 3				
List the names and title of all administrator(s) or designee(s) who are administering your service contracts in South Carolina. (if none, indicate on form)				
1.				
2.				
3.				
4.				
5.				
Section 4 Indicate what types of product(s) are covered by the service contracts for which this company is the obligor.				
☐ Vehicles ☐ Electronics ☐ Appliance ☐ Jewelry ☐ Furniture ☐ Homes				
Other (Please specify)				
Section 5 Background Information				
Please read the following very carefully and answer every question as it relates to the Provider and, if applicable, to the provider. If the answer to any of the below is "yes" please provide a full explanation and certified documents where applicable.				
All written statements submitted by the Provider must include original signature. Please note that failure to disclose information relevant to this section may constitute cause to refusal to re-register the Provider or cause discipline against the Provider's registration.				

To your knowledge, have you or any of your subsidiaries or administrators entities acting on your behalf:

(a). Dyes no	Violated any provision in Sections 38-78-30 thru 38-78-100, or violated any rule or order of the director?			
(b). yes no	Misappropriated or converted any moneys or properties received in the course of doing business?			
(c). Uyes Uno	Been convicted of any felony?			
(d). yes no	Used fraudulent, coercive, or dishones financial irresponsibility in the conduct			
(e). yes no	Been found in violation of a law by cou of any state of the United States in any financial services, investments, credit,	matter involving motor vehicle exter		
(f). yes no	Signed the name of another to an appl extended service contract transactions		t related to motor vehicle	
(g) yes no	Been refused a license or had a licens service contracts, financial services, in			
□yes □no	Unlawfully acted as a motor vehicle ex	tended service contract producer wit	hout a license?	
☐yes ☐no	Failed to comply with any administrative tax?	re or court order directing payment of	f state or federal income	
□yes□no	Within the last fifteen years been declared insolvent by the director or his designee or a motor vehicle extended service regulator of another state or been the subject of a bankruptcy petition?			
Section 6. Provide	er's Certification and Attestation			
The undersigned affirms or swears under penalty of perjury that: (1) the information stated in this registration and any attachments thereto is true and correct to the best of his or her belief, information and knowledge, and (2) the undersigned has read and understood the legal requirements printed with this form, Must be signed by an officer, director, or partner of the Provider or member or manager if a limited liability company.				
(5	Signature)	(Typed or Printed Name)	(Title)	
Sworn To Before N	Ne This day of, 20			
My Commission Ex	cpires:	-		
Notary Pub	lic Signature			
Form No. 1030RN				

Service Contract Provider Controlling Person Biographical Affidavit

PURSUANT TO SOUTH CAROLINA CODE, TITLE 38, CHAPTER 78

DO NOT WRITE	ABOVE THIS LINE			
NOTE: ALL INFORMATION MU	JST BE TYPED OR PRINTED IN INK.			
This form must be completed by each Service Contract	Provider Controlling Person.			
Present or proposed service contract provider under which this biographical affidavit is required: Controlling Person's Full Name (initials not acceptable):				
4. Date of Birth:	5. Gender:			
6. Percent of Ownership:	7. Title:			
8. Individual Physical Address: STREET ADDRESS MUST	F BE DESIGNATED BELOW. (Do not list a P.O. Box.)			
Number, Street, Suite No., Apt. No.				
City	ate Zip Code			
9. Mailing Address: (USED FOR ALL CORRESPONDENCE) Number, Street, Suite No., Apt. No.				
City Sta	te Zip Code			
10. Telephone Number:	11. Fax Number:			
12. Email Address:	13. Social Security Number:			
14. What is your present or proposed position and dutie specific about your duties.	s with this service contract provider applicant? Please be			

ATTACHMENTS

- **15.** Attach a resume to demonstrate your education and training.
- **16.** Attach additional pages detailing all previous employment experience whether compensated or otherwise related to the Service Contract Provider industry. Please be specific about your duties.

17. PLEASE ANSWER THE FOLLOWING QUESTIONS

If you have any doubt about the accuracy of an answer, the question should be answered in the positive and an explanation provided.

Yes	□No	Has any business for which you are or were a controlling person filed a petition under any chapter of the Bankruptcy Code?
Yes	□No	Have you ever been refused a license or license renewal for a service contract provider, service contract related company, or a license in any state?
Yes	□No	Are you operating, acting, or have acted as a controlling person for any other service contract provider or service contract related company?
Yes	□No	Have you or a service contract provider or service contract related company in which you were, or are a controlling person, ever been disciplined by a state regulatory body?
Yes	□No	Have you or a service contract provider or service contract related company in which you were, or are a controlling person, ever been convicted of or pleaded guilty or no contest (nolo contendere) to any felony or misdemeanor, other than civil traffic offenses, or is there any charge now pending?
Yes	□No	Have you or a service contract provider or service contract related company for which you were, or are a controlling person, ever been subject to a cease and desist letter or order, or enjoined, either temporarily or permanently, in any judicial, administrative, regulatory or disciplinary action?
•		s to any of the above questions, please attach copies of documentation on separate pages including names, contact information, dates, locations, dispositions, etc.
		18. SIGNATURE
I certify that I will comply with all applicable provisions of Title 38, Chapters 78 of the South Carolina Code of Laws. I certify all information submitted on this form and attachments is true and accurate. I understand that providing false information on this form may result in the revocation of the registration or imposition of administrative penalties for the Provider under which this form is required.		
Authorized S	Signature	Date Signed
Printed Nam	ie	